

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Northern District of Georgia**

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

#### About Debtor 2 (Spouse Only in a Joint Case):

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Victor**

First name

Middle name

**Almeyda**

Last name

Suffix (Sr., Jr, II, III)

**Berky**

First name

Middle name

**Jose Estevez**

Last name

Suffix (Sr., Jr, II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 6 2 0

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

xxx - xx - 3 0 6 5

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Debtor 1  
Debtor 2

Victor  
Berk

First Name

Middle Name

Almeyda  
Jose Estevez

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

**704 River Bridge Drive**

Number Street

**Lawrenceville, GA 30046-2834**

City State ZIP Code

**Gwinnett**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No.
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No.
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.
- ☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- ☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No.
- ☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1	<b>Victor</b>	<b>Almeyda</b>
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>
	First Name	Middle Name
		Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2Victor  
Berky

First Name

Middle Name

Almeyda  
Jose Estevez

Last Name

Case number (if known) \_\_\_\_\_

**Part 6:** Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No  
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

**18. How many creditors do you estimate that you owe?**

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000  
☐ 50-99 ☐ 5,001-10,000  
☐ 100-199 ☐ 10,001-25,000  
☐ 200-999

**19. How much do you estimate your assets to be worth?**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**Part 7:** Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Victor Almeyda

Victor Almeyda, Debtor 1

Executed on 10/27/2020

MM/ DD/ YYYY

X

/s/ Berky Jose Estevez

Berky Jose Estevez, Debtor 2

Executed on 10/27/2020

MM/ DD/ YYYY

Debtor 1  
Debtor 2

Victor  
Berk

First Name

Middle Name

Almeyda  
Jose Estevez

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Patricia Lyda Williams

Signature of Attorney for Debtor

Date 10/27/2020

MM / DD / YYYY

Patricia Lyda Williams

Printed name

The Williams Law Office, LLC

Firm name

3675 Crestwood Pkwy NW Suite 400

Number Street

Duluth

City

GA

State

30096-5054

ZIP Code

Contact phone (770) 827-6515

Email address patty.williamslaw@gmail.com

763510

Bar number

GA

State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number		

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1 4 BR, 3 BA, 2,391 sq. ft., built in 1995

Street address, if available, or other description

704 River Bridge Drive

Lawrenceville, GA 30046-2834

City State ZIP Code

Gwinnett

County

What is the property? Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$230,000.00

Current value of the portion you own?

\$230,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Tenancy with ROS

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



\$230,000.00



Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: Ford Who has an interest in the property? Check one.  
 Model: Explorer ☐ Debtor 1 only  
 Year: 2018 ☐ Debtor 2 only  
 Approximate mileage: 34,000 ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Other information:

Affected by Natural/Declared Disaster,  
 Debtor 1 was co-signor only.

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$23,029.00  
 Current value of the portion you own? \$0.00

If you own or have more than one, list here:

3.2 Make: GMC Who has an interest in the property? Check one.  
 Model: Savanna ☐ Debtor 1 only  
 Year: 2012 ☐ Debtor 2 only  
 Approximate mileage: 107,000 ☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Other information:

Wife drives this vehicle

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$11,150.00  
 Current value of the portion you own? \$11,150.00

3.3 Make: Toyota Who has an interest in the property? Check one.  
 Model: Tacoma ☐ Debtor 1 only  
 Year: 2006 ☒ Debtor 2 only  
 Approximate mileage: 180,000 ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Other information:

Husband drives this vehicle

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$5,000.00  
 Current value of the portion you own? \$5,000.00

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... → **\$16,150.00**

**Part 3:** Describe Your Personal and Household Items

<b>Do you own or have any legal or equitable interest in any of the following items?</b>	<b>Current value of the portion you own?</b> Do not deduct secured claims or exemptions.
--	---

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	Stove, fridge, washer/dryer, microwave, cookware, utensils, flatware, dishes; LR, DR, BR furniture; lawnmower, yard tools, household tools	<b>\$3,000.00</b>

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	Televisions, cell phones	<b>\$1,200.00</b>

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Describe.....		

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Describe.....		

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Describe.....		

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	Clothing and accessories	<b>\$400.00</b>

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

12. **Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

13. **Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☒ No  
☐ Yes. Describe.....  \_\_\_\_\_

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... →**

**\$4,600.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

16. **Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No  
☐ Yes..... Cash..... \_\_\_\_\_

17. **Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No  
☒ Yes.....

Institution name:

17.1. Checking account: Wells Fargo Bank, Acc't No. xxxx5407 \$1,424.50

17.2. Checking account: \_\_\_\_\_

17.3. Savings account: \_\_\_\_\_

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name: \_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

401(k) or similar plan: \_\_\_\_\_

Pension plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Retirement account: \_\_\_\_\_

Keogh: \_\_\_\_\_

Additional account: \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No  
☐ Yes.....

Institution name or individual:

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Heating oil: \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Water: \_\_\_\_\_

Rented furniture: \_\_\_\_\_

Other: \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No  
☐ Yes.....

Issuer name and description:

\_\_\_\_\_

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them....

\_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them....

\_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them....

\_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

\_\_\_\_\_

Federal: \_\_\_\_\_  
State: \_\_\_\_\_  
Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Debtor 1  
Debtor 2

**Victor**  
**Berky**

**Almeyda**  
**Jose Estevez**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

☒ No

☐ Yes. Give specific information.....

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

31. **Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

\_\_\_\_\_

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

Debtor 1	<b>Victor</b>	<b>Almeyda</b>		
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>		
	First Name	Middle Name	Last Name	Case number (if known)

35. Any financial assets you did not already list

☒ No  
☐ Yes. Give specific information.....

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

**\$1,424.50**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No  
☐ Yes. Describe.....

39. Office equipment, furnishings, and supplies

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No  
☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No  
☐ Yes. Describe.....

41. Inventory

☒ No  
☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

☒ No  
☐ Yes. Describe.....

Name of entity:

% of ownership:

\_\_\_\_\_%



Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

43. Customer lists, mailing lists, or other compilations

- ☒ No
- ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
- ☒ No
- ☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
- ☐ Yes.....

48. Crops—either growing or harvested

- ☒ No
- ☐ Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
- ☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
- ☐ Yes.....

Debtor 1 Victor Almeyda  
 Debtor 2 Berký Jose Estevez  
 First Name Middle Name Last Name Case number (if known)

51. Any farm- and commercial fishing-related property you did not already list

☒ No  
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No  
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$230,000.00

56. Part 2: Total vehicles, line 5 \$16,150.00

57. Part 3: Total personal and household items, line 15 \$4,600.00

58. Part 4: Total financial assets, line 36 \$1,424.50

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.....

\$22,174.50

Copy personal property total →

+ \$22,174.50

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$252,174.50

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 4 BR, 3 BA, 2,391 sq. ft., built in 1995 704 River Bridge Drive Lawrenceville, GA 30046-2834	<u>\$230,000.00</u>	<input checked="" type="checkbox"/> <u>\$28,083.64</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(1) _____ _____
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: 2012 GMC Savanna Wife drives this vehicle	<u>\$11,150.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(3) _____ _____
Line from <i>Schedule A/B</i> : <u>3.2</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**  
 First Name Middle Name Last Name Case number (if known)

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: 2006 Toyota Tacoma Husband drives this vehicle  Line from Schedule A/B: <u>3.3</u>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> <u>\$5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(3) _____ _____
Brief description: Stove, fridge, washer/dryer, microwave, cookware, utensils, flatware, dishes; LR, DR, BR furniture; lawnmower, yard tools, household tools  Line from Schedule A/B: <u>6</u>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(4) _____ _____
Brief description: Televisions, cell phones  Line from Schedule A/B: <u>7</u>	<u>\$1,200.00</u>	<input checked="" type="checkbox"/> <u>\$1,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(4) _____ _____
Brief description: Clothing and accessories  Line from Schedule A/B: <u>11</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(4) _____ _____
Brief description: Wells Fargo Bank, Acc't No. xxxx5407 Checking account  Line from Schedule A/B: <u>17</u>	<u>\$1,424.50</u>	<input checked="" type="checkbox"/> <u>\$1,424.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ga. Code Ann. § 44-13-100(a)(6) _____ _____

Fill in this information to identify your case:

Debtor 1 Victor Almeyda  
 First Name Middle Name Last Name

Debtor 2 Berky Jose Estevez  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1 Flagstar Bank

Creditor's Name

Attn: Loss Mitigation Dept.

5151 Corporate Drive

Number Street

Troy, MI 48098-2639

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

02/08/2018

Describe the property that secures the claim:

4 BR, 3 BA, 2,391 sq. ft., built in 1995  
 704 River Bridge Drive Lawrenceville, GA 30046-2834

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)Last 4 digits of account number 6 2 7 8

\$201,916.36

\$230,000.00

\$0.00

Remarks: 4 BR, 3 BA, 2,391 sq. ft., built in 1995. Monthly pymt: \$1,658.42

Add the dollar value of your entries in Column A on this page. Write that number here:

\$201,916.36

Debtor 1 **Victor**  
 Debtor 2 **Berky**  
 First Name Middle Name Last Name

**Almeyda**  
**Jose Estevez**

Case number (if known) \_\_\_\_\_

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.2	Regions Bank d/b/a Amsouth Bank Creditor's Name PO Box 11007 Number Street Birmingham, AL 35288-0002 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 08/11/2018	Describe the property that secures the claim: 2018 Ford Explorer Affected by Natural/Declared Disaster, Debtor 1 was co-signor only. <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number <u>6 4 0 6</u>	\$33,549.00	\$0.00	\$33,549.00
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**Remarks:** Car belongs to a friend. Debtor 1 co-signed only; does not have any ownership interest or possession of this vehicle.

2.3	Wells Fargo Dealer Services Creditor's Name Attn: Bankruptcy Dept. P. O. Box 10709 Number Street Raleigh, NC 27605-0709 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 02/17/2020	Describe the property that secures the claim: 2012 GMC Savanna Wife drives this vehicle <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number <u>4 1 5 9</u>	\$14,535.03	\$11,150.00	\$3,385.03
-----	---	---	-------------	-------------	------------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$48,084.03

Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

<b>Part 1:</b>	Additional Page	<i>Column A</i>	<i>Column B</i>	<i>Column C</i>
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	<b>Amount of claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>	<b>Unsecured portion</b> If any
<div style="border: 1px dotted black; padding: 5px;"> <b>Remarks:</b> Wife drives this vehicle. Monthly pymt: \$312.72         </div>				
Add the dollar value of your entries in Column A on this page. Write that number here:			\$0.00	
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			\$250,000.39	

Fill in this information to identify your case:

Debtor 1 Victor Almeyda  
 First Name Middle Name Last Name

Debtor 2 Berky Jose Estevez  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

GA Department of Revenue

Priority Creditor's Name

ARCS - Bankruptcy

1800 Century Blvd NE, Suite 9100

Number Street

Atlanta, GA 30345-3205

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1620

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Total claim	Priority amount	Nonpriority amount
\$505.00	\$505.00	\$0.00



Debtor 1 **Victor**  
 Debtor 2 **Berky**  
 First Name Middle Name Last Name

**Almeyda**  
**Jose Estevez**  
 Last Name

Case number (if known) \_\_\_\_\_

**Part 1:** Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**2.2** **Internal Revenue Service**  
 Priority Creditor's Name  
**Centralized Insolvency**  
**PO Box 21126**  
 Number Street  
**Philadelphia, PA 19114-0326**  
 City State ZIP Code  
**Who incurred the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes  
**Remarks:** 2018=\$2,426 2019=\$190

**Last 4 digits of account number** 1620  
**When was the debt incurred?** 2018, 2019  
**As of the date you file, the claim is:** Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of PRIORITY unsecured claim:**  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Total claim	Priority amount	Nonpriority amount
<u>\$2,616.00</u>	<u>\$2,616.00</u>	<u>\$0.00</u>

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List All of Your NONPRIORITY Unsecured Claims

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<p><b>American Anesthesiology Assoc.-GA</b></p> <p>Nonpriority Creditor's Name</p> <p><b>P. O. Box 120153</b></p> <p>Number Street</p> <p><b>Grand Rapids, MI 49528-0103</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>8443</u></p> <p><b>When was the debt incurred?</b> <u>10/18/2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<p><b>Total claim</b></p> <p><b>\$2,070.00</b></p>
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4.2	<p><b>Bank of America</b></p> <p>Nonpriority Creditor's Name</p> <p><b>P.O. Box 982238</b></p> <p>Number Street</p> <p><b>El Paso, TX 79998-2238</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>18xx</u></p> <p><b>When was the debt incurred?</b> <u>07/20/2018</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<p><b>\$914.00</b></p>
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Debtor 1 Victor Almeyda  
 Debtor 2 Berký Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.3	<p><b>Envision Physician Services</b></p> <p>Nonpriority Creditor's Name</p> <p><b>P. O. Box 80199</b></p> <p>Number Street</p> <p><b>Philadelphia, PA 19101-1199</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Original Creditor: Gwinnett Emergency Specialists, PC</p>	<p><b>Last 4 digits of account number</b> <u>5738</u></p> <p><b>When was the debt incurred?</b> <u>05/11/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p> <p><b>\$1,450.00</b></p>
4.4	<p><b>Internal Revenue Service</b></p> <p>Nonpriority Creditor's Name</p> <p><b>Centralized Insolvency</b></p> <p><b>PO Box 21126</b></p> <p>Number Street</p> <p><b>Philadelphia, PA 19114-0326</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> 2014=\$7,094 plus P&amp;I; 2015=\$6,963 plus P&amp;I; 2016=7,368 plus P&amp;I</p>	<p><b>Last 4 digits of account number</b> <u>1620</u></p> <p><b>When was the debt incurred?</b> <u>2014, 2015, 2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Dischargeable taxes</b></p> <p><b>\$23,228.00</b></p>

Debtor 1 Victor Almeyda  
 Debtor 2 Berky Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.5	<b>LabCorp Birmingham</b> Nonpriority Creditor's Name <b>1801 First Ave. S, Suite 101</b> Number Street <b>Birmingham, AL 35233-1910</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> Berky, Patient # 63139846	Last 4 digits of account number <u>9846</u> When was the debt incurred? <u>06/23/2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$1,206.00</b>
4.6	<b>Northern Crescent Endoscopy Cent</b> Nonpriority Creditor's Name <b>P. O. Box 3475</b> Number Street <b>Toledo, OH 43607-0475</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>-AG2</u> When was the debt incurred? <u>05/11/2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$1,200.00</b>

Debtor 1 Victor  
Debtor 2 Berký

Almeyda  
Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.7	<p><b>Northside Gwinnett Hospital</b></p> <p>Nonpriority Creditor's Name</p> <p><b>Attn: Accounting Dept.</b></p> <p><b>1001 Summit Blvd., Suite 150</b></p> <p>Number Street</p> <p><b>Atlanta, GA 30319-6408</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Hospital costs for wife. Gwinnett Campus</p>	<p>Last 4 digits of account number <u>0492</u></p> <p>When was the debt incurred? <u>10/2019 - 02/2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$25,177.50</b>
4.8	<p><b>Northside Hospital</b></p> <p>Nonpriority Creditor's Name</p> <p><b>Attn: Accounting Dept.</b></p> <p><b>1001 Summit Blvd., Suite 150</b></p> <p>Number Street</p> <p><b>Atlanta, GA 30319-6408</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Berký, Patient # A20171002930. Processor ID: JJ</p>	<p>Last 4 digits of account number <u>2930</u></p> <p>When was the debt incurred? <u>02/04/2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$11,019.50</b>

Debtor 1 Victor  
Debtor 2 Berký  
First Name Middle Name Last Name

Almeyda  
Jose Estevez

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.9	<b>Pathology &amp; Laboratory Medicine, PC</b> Nonpriority Creditor's Name <b>3300 Buckeye Rd., Suite 178</b> Number Street <b>Atlanta, GA 30341-4233</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4137</u> When was the debt incurred? <u>05/11/2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$1,165.00</b>
4.10	<b>Piedmont Healthcare, Inc.</b> Nonpriority Creditor's Name <b>1800 Howell Mill Rd. NW, Suite 850</b> Number Street <b>Atlanta, GA 30318-0923</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7657</u> When was the debt incurred? <u>08/11/2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$29,490.41</b>
4.11	<b>The Home Depot/CBNA</b> Nonpriority Creditor's Name <b>PO Box 6497</b> Number Street <b>Sioux Falls, SD 57117-6497</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8430</u> When was the debt incurred? <u>07/08/2019</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$244.00</b>

Debtor 1 Victor Almeyda  
Debtor 2 Berký Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.12	<p><b>Toni S. Jackson, MD</b> Nonpriority Creditor's Name</p> <p><b>Emergency Physician</b></p> <p><b>100 Woodruff Circle NE, Suite 327</b> Number Street</p> <p><b>Atlanta, GA 30322-1020</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Berký, Patient # 20162048084GWI. Processor ID: AJ</p>	<p><b>Last 4 digits of account number</b> <u>4GWI</u></p> <p><b>When was the debt incurred?</b> <u>06/10/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>Medical Bill</b></p> <p><b>\$1,561.00</b></p>
4.13	<p><b>Wells Fargo - Visa</b> Nonpriority Creditor's Name</p> <p><b>Attn: Bankruptcy Dept.</b></p> <p><b>PO Box 10347</b> Number Street</p> <p><b>Des Moines, IA 50306-0347</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>9919</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p> <p><b>\$500.00</b></p>

Debtor 1 Victor  
 Debtor 2 Berký  
 First Name Middle Name Last Name

Almeyda  
 Jose Estevez  
 Last Name

Case number (if known) \_\_\_\_\_

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.14	<p><b>William E. Chandler, MD</b>                      Nonpriority Creditor's Name</p> <p><b>Northside Emergency Physicians</b>                      1000 Johnson Ferry Road NE                      Number Street  <b>Atlanta, GA 30342-1606</b>                      City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Berký, Patient # 2017102930NEA</p>	<p><b>Last 4 digits of account number</b> <u>0NEA</u></p> <p><b>When was the debt incurred?</b> <u>06/19/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p> <p><b>\$1,450.00</b></p>



Debtor 1 Victor Almeyda  
 Debtor 2 Berký Jose Estevez  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Bank of America**  
 Name  
**1000 Samoset Drive**  
**DE5-019-03-07**  
 Number Street  
**Newark, DE 19713-6000**  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Gwinnett Emergency Specialists, PC**  
 Name  
**1000 Medical Center Boulevard**  
 Number Street  
**Lawrenceville, GA 30046-7694**  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5738

**Hollis Cobb Associates, Inc.**  
 Name  
**P. O. Box 279**  
 Number Street  
**Norcross, GA 30091-0279**  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6750

**International Benefits Administrators**  
 Name  
**P. O. Box 3080**  
 Number Street  
**Farmington Hills, MI 48333-3080**  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8850

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Victor Almeyda  
 Debtor 2 Berky Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total claim
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$3,121.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$3,121.00</u>

		Total claim
<b>Total claims from Part 2</b>	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$100,675.41</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$100,675.41</u>

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name _____ Number Street _____ City State ZIP Code _____	
2.2	Name _____ Number Street _____ City State ZIP Code _____	
2.3	Name _____ Number Street _____ City State ZIP Code _____	
2.4	Name _____ Number Street _____ City State ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	_____	

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Alcaarez, Moises

Name  
1302 Sweet Pine Drive

Number Street  
Norcross, GA 30093-3038

City State ZIP Code

☒ Schedule D, line 2.2  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	<u></u>	

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

## Debtor 1

## Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed☐ Employed ☒ Not EmployedContract Construction WorkerEmployerVaries - I'm a contract worker  
Number Street

Number Street

City State Zip Code

City State Zip Code

How long employed there? 1 year

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$4,082.79 \$0.00

3. **Estimate and list monthly overtime pay.**

3. + \$0.00 + \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$4,082.79 \$0.00

Debtor 1  
Debtor 2Victor  
BerkAlmeyda  
Jose Estevez

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$4,082.79	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,082.79	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f.	\$0.00	\$0.00
Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: Contribution from relatives living with us	8h. +	\$500.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$500.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$4,582.79	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +	\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.	\$4,582.79	
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.	Wife hopes to find employment in the near future.		
<input checked="" type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	_____	

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

21

☐ No. ☒ Yes.

Relative

52

☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_ \$1,658.42

## If not included in line 4:

4a. Real estate taxes

4a. \_\_\_\_\_ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \_\_\_\_\_ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \_\_\_\_\_ \$100.00

4d. Homeowner's association or condominium dues

4d. \_\_\_\_\_ \$41.67

Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		Your expenses	
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$0.00
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	\$325.32
6b.	Water, sewer, garbage collection	6b.	\$60.98
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$154.70
6d.	Other. Specify: _____	6d.	\$0.00
7.	<b>Food and housekeeping supplies</b>	7.	\$950.00
8.	<b>Childcare and children's education costs</b>	8.	\$0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	\$100.00
10.	<b>Personal care products and services</b>	10.	\$80.00
11.	<b>Medical and dental expenses</b>	11.	\$100.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$250.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$0.00
14.	<b>Charitable contributions and religious donations</b>	14.	\$0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	\$0.00
15b.	Health insurance	15b.	\$0.00
15c.	Vehicle insurance	15c.	\$268.00
15d.	Other insurance. Specify: _____	15d.	\$0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>IRS Priority taxes</u>	16.	\$180.00
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	\$312.72
17b.	Car payments for Vehicle 2	17b.	\$0.00
17c.	Other. Specify: _____	17c.	\$0.00
17d.	Other. Specify: _____	17d.	\$0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	\$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	20a.	\$0.00
20b.	Real estate taxes	20b.	\$0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e.	Homeowner's association or condominium dues	20e.	\$0.00



Debtor 1 **Victor**  
 Debtor 2 **Berky**  
 First Name Middle Name Last Name

**Almeyda**  
**Jose Estevez**  
 Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. + \_\_\_\_\_ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \_\_\_\_\_ \$4,581.81

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \_\_\_\_\_ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \_\_\_\_\_ \$4,581.81

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \_\_\_\_\_ \$4,582.79

23b. Copy your monthly expenses from line 22c above.

23b. - \_\_\_\_\_ \$4,581.81

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \_\_\_\_\_ \$0.98

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	_____	

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### Your assets

Value of what you own

#### 1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$230,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$22,174.50</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$252,174.50</u>

### Part 2: Summarize Your Liabilities

#### Your liabilities

Amount you owe

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$250,000.39</u>
---	---------------------

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$3,121.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>\$100,675.41</u>

**Your total liabilities**

**+** \$353,796.80

### Part 3: Summarize Your Income and Expenses

#### 4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$4,582.79</u>
---	-------------------

#### 5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$4,581.81</u>
---	-------------------

Debtor 1 Victor Almeyda  
 Debtor 2 Berký Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$4,448.04

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$3,121.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$3,121.00

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No



Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Victor Almeyda

Victor Almeyda, Debtor 1

X

/s/ Berky Jose Estevez

Berky Jose Estevez, Debtor 2

Date 10/27/2020

MM/ DD/ YYYY

Date 10/27/2020

MM/ DD/ YYYY

B2030 (Form 2030)(12/15)

United States Bankruptcy Court  
Northern District of Georgia

**In re**

Almeyda, Victor  
Jose Estevez, Berky  
**Debtor(s)**

Case No. \_\_\_\_\_  
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	<u>\$1,640.00</u>
Prior to the filing of this statement I have received .....	<u>\$656.00</u>
Balance Due .....	<u>\$984.00</u>

2. The source of the compensation to be paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of Client in a state court proceeding, including w/o limitation, collection lawsuits, foreclosure lawsuits, domestic proceedings, motions to revoke a discharge, obtaining title reports, appeals to the Dist. Court of Appeals, motions to avoid liens or dismiss a case; or any adversary proceeding filed by the Trustee, U.S. Trustee or any other party on any basis, preparing reaffirmation agreements or motion to impose or extend bankruptcy stay.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/27/2020

*Date*

/s/ Patricia Lyda Williams

*Signature of Attorney*

Patricia Lyda Williams

Bar Number: 763510

The Williams Law Office, LLC

3675 Crestwood Pkwy NW Suite 400

Duluth, GA 30096-5054

Phone: (770) 827-6515

The Williams Law Office, LLC

*Name of law firm*

Moises Alcaez  
1302 Sweet Pine Drive  
Norcross, GA 30093-3038

American Anesthesiology  
Assoc.-GA  
P. O. Box 120153  
Grand Rapids, MI 49528-0103

Bank of America  
P.O. Box 982238  
El Paso, TX 79998-2238

Bank of America  
1000 Samoset Drive  
DE5-019-03-07  
Newark, DE 19713-6000

Envision Physician Services  
P. O. Box 80199  
Philadelphia, PA 19101-1199

Flagstar Bank  
Attn: Loss Mitigation Dept.  
5151 Corporate Drive  
Troy, MI 48098-2639

GA Department of Revenue  
ARCS - Bankruptcy  
1800 Century Blvd NE, Suite 9100  
Atlanta, GA 30345-3205

Gwinnett Emergency  
Specialists, PC  
1000 Medical Center Boulevard  
Lawrenceville, GA 30046-7694

Hollis Cobb Associates, Inc.  
P. O. Box 279  
Norcross, GA 30091-0279

Internal Revenue Service  
Centralized Insolvency  
PO Box 21126  
Philadelphia, PA 19114-0326

International Benefits  
Administrators  
P. O. Box 3080  
Farmington Hills, MI 48333-3080

LabCorp Birmingham  
1801 First Ave. S, Suite 101  
Birmingham, AL 35233-1910

Northern Crescent Endoscopy  
Cent  
P. O. Box 3475  
Toledo, OH 43607-0475

Northside Gwinnett Hospital  
Attn: Accounting Dept.  
1001 Summit Blvd., Suite 150  
Atlanta, GA 30319-6408

Northside Hospital  
Attn: Accounting Dept.  
1001 Summit Blvd., Suite 150  
Atlanta, GA 30319-6408

Pathology & Laboratory  
Medicine, PC  
3300 Buckeye Rd., Suite 178  
Atlanta, GA 30341-4233



Piedmont Healthcare, Inc.  
1800 Howell Mill Rd. NW, Suite 850  
Atlanta, GA 30318-0923

Regions Bank d/b/a Amsouth  
Bank  
PO Box 11007  
Birmingham, AL 35288-0002

The Home Depot/CBNA  
PO Box 6497  
Sioux Falls, SD 57117-6497

Toni S. Jackson, MD  
Emergency Physician  
100 Woodruff Circle NE, Suite 327  
Atlanta, GA 30322-1020

Wells Fargo - Visa  
Attn: Bankruptcy Dept.  
PO Box 10347  
Des Moines, IA 50306-0347

Wells Fargo Dealer Services  
Attn: Bankruptcy Dept.  
P. O. Box 10709  
Raleigh, NC 27605-0709

William E. Chandler, MD  
Northside Emergency Physicians  
1000 Johnson Ferry Road NE  
Atlanta, GA 30342-1606

IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE: **Almeyda, Victor**  
**Jose Estevez, Berky**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/27/2020 Signature /s/ Victor Almeyda  
Victor Almeyda, Debtor

Date 10/27/2020 Signature /s/ Berky Jose Estevez  
Berky Jose Estevez, Joint Debtor

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	_____	

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>330 Stable Lane</u> Number Street <u>Alpharetta, GA 30022</u> City State ZIP Code	From <u>Nov. 2016</u> To <u>Jan. 2018</u>	<input checked="" type="checkbox"/> Same as Debtor 1  Number Street  City State ZIP Code	<input checked="" type="checkbox"/> Same as Debtor 1  From _____ To _____
<u>5789 Glenn Hollow Lane</u> Number Street <u>Norcross, GA 30071</u> City State ZIP Code	From <u>2014</u> To <u>2016</u>	<input checked="" type="checkbox"/> Same as Debtor 1  Number Street  City State ZIP Code	<input checked="" type="checkbox"/> Same as Debtor 1  From _____ To _____

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross Income (before deductions and exclusions)	Gross Income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$14,697.36	
<b>For last calendar year:</b> (January 1 to December 31, <u>2019</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$22,046.00	
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$15,458.00	

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☒ No☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross Income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>		
<b>For last calendar year:</b> (January 1 to December 31, <u>2019</u> ) YYYY		
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2018</u> ) YYYY		

Debtor 1 Victor Almeyda  
 Debtor 2 Berky Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**  
 First Name Middle Name Last Name Case number (if known)

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____	_____ Court Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	Case number (if known) _____
	First Name	Middle Name	Last Name

  

_____ Creditor's Name  _____ Number Street  _____ City State ZIP Code	<table border="1"> <thead> <tr> <th>Describe the property</th> <th>Date</th> <th>Value of the property</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Explain what happened</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Property was repossessed.  <input type="checkbox"/> Property was foreclosed.  <input type="checkbox"/> Property was garnished.  <input type="checkbox"/> Property was attached, seized, or levied.               </td> </tr> </tbody> </table>	Describe the property	Date	Value of the property				Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.
Describe the property	Date	Value of the property							
Explain what happened									
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.									

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

_____ Creditor's Name  _____ Number Street  _____ City State ZIP Code	<table border="1"> <thead> <tr> <th>Describe the action the creditor took</th> <th>Date action was taken</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

Last 4 digits of account number: XXXX-\_\_ \_\_ \_\_ \_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Victor** **Almeyda**  
 Debtor 2 **Berky** **Jose Estevez**  
 First Name Middle Name Last Name Case number (if known)

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  Number Street  City State ZIP Code			

**Part 6:** List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost



Debtor 1 **Victor**  
 Debtor 2 **Berky**  
 First Name Middle Name Last Name

**Almeyda**  
**Jose Estevez**  
 Last Name

Case number (if known) \_\_\_\_\_

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
The Williams Law Office, LLC			
Person Who Was Paid			
3675 Crestwood Pkwy NW Suite 400		10/15/2020	\$328.00
Number Street		09/10/2020	\$328.00
Duluth, GA 30096-5054		08/03/2020	\$359.00
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1	<b>Victor</b>	<b>Almeyda</b>	
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>	
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you			

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- ____	<input type="checkbox"/> Checking		
Number Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		
City State ZIP Code				

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	<b>Victor</b>	<b>Almeyda</b>		
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>		
	First Name	Middle Name	Last Name	Case number (if known)

  

		<b>Who else had access to it?</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
<hr/>		<hr/>		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Name of Financial Institution</b>		<b>Name</b>		
<hr/>	<hr/>	<hr/>		
<b>Number</b>	<b>Street</b>	<b>Number</b> <b>Street</b>		
<hr/>		<hr/>		
<hr/>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

		<b>Who else has or had access to it?</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
<hr/>		<hr/>		<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Name of Storage Facility</b>		<b>Name</b>		
<hr/>	<hr/>	<hr/>		
<b>Number</b>	<b>Street</b>	<b>Number</b> <b>Street</b>		
<hr/>		<hr/>		
<hr/>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>		

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
- ☐ Yes. Fill in the details.

		<b>Where is the property?</b>	<b>Describe the property</b>	<b>Value</b>
<hr/>		<hr/>		<hr/>
<b>Owner's Name</b>		<b>Number</b> <b>Street</b>		
<hr/>	<hr/>	<hr/>		
<b>Number</b>	<b>Street</b>	<b>City</b> <b>State</b> <b>ZIP Code</b>		
<hr/>		<hr/>		
<hr/>		<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>City</b>	<b>State</b>	<b>ZIP Code</b>		

Debtor 1 **Victor**  
 Debtor 2 **Berky**  
 First Name Middle Name Last Name

**Almeyda**  
**Jose Estevez**  
 Last Name

Case number (if known) \_\_\_\_\_

**Part 10:** Give Details About Environmental Information

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____ Number Street _____ City State ZIP Code _____		<div style="border: 1px solid black; height: 100px;"></div>	_____ _____

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____ Number Street _____ City State ZIP Code _____		<div style="border: 1px solid black; height: 100px;"></div>	_____ _____

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 Debtor 2	<b>Victor Berky</b>	<b>Almeyda Jose Estevez</b>	Case number (if known) _____
	First Name	Middle Name Last Name	

	Court or agency	Nature of the case	Status of the case
<b>Case title</b> _____ _____ <b>Case number</b> _____	<b>Court Name</b> _____ <b>Number</b> _____ <b>Street</b> _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**Part 11:** Give Details About Your Business or Connections to Any Business

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

<b>Name</b> _____ _____ <b>Number</b> _____ <b>Street</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Describe the nature of the business</th> <th style="width: 40%;">Employer Identification number Do not include Social Security number or ITIN.</th> </tr> <tr> <td style="height: 40px;"></td> <td>EIN: _____ - _____</td> </tr> <tr> <th style="width: 60%;">Name of accountant or bookkeeper</th> <th style="width: 40%;">Dates business existed</th> </tr> <tr> <td style="height: 40px;"></td> <td>From _____ To _____</td> </tr> </table>	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.		EIN: _____ - _____	Name of accountant or bookkeeper	Dates business existed		From _____ To _____
Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.								
	EIN: _____ - _____								
Name of accountant or bookkeeper	Dates business existed								
	From _____ To _____								

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No
- ☐ Yes. Fill in the details below.

	<b>Date issued</b>
<b>Name</b> _____ _____ <b>Number</b> _____ <b>Street</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____	<b>MM / DD / YYYY</b> _____

Debtor 1  
Debtor 2

Victor  
Berky

First Name

Middle Name

Almeyda  
Jose Estevez

Last Name

Case number (if known) \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Victor Almeyda  
Signature of Victor Almeyda, Debtor 1

X /s/ Berky Jose Estevez  
Signature of Berky Jose Estevez, Debtor 2

Date 10/27/2020

Date 10/27/2020

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	_____	

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Flagstar Bank</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>4 BR, 3 BA, 2,391 sq. ft., built in 1995</u> <u>704 River Bridge Drive Lawrenceville, GA</u> <u>30046-2834</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]: <b>continue to make monthly payments</b>	
Creditor's name: <u>Regions Bank d/b/a Amsouth Bank</u>	<input checked="" type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt: <u>2018 Ford Explorer</u> <u>Affected by Natural/Declared Disaster,</u> <u>Debtor 1 was co-signor only.</u>	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1	<b>Victor</b>	<b>Almeyda</b>		
Debtor 2	<b>Berky</b>	<b>Jose Estevez</b>		Case number (if known) _____
	First Name	Middle Name	Last Name	

**Additional Page for Part 1**

Creditor's name:	<b>Wells Fargo Dealer Services</b>	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
Description of property securing debt:	<b>2012 GMC Savanna</b> <b>Wife drives this vehicle</b>	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	



Debtor 1 Victor Almeyda  
 Debtor 2 Berky Jose Estevez

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases** **Will the lease be assumed?**

Lessor's name: ☐ No

☐ Yes

Description of leased property:

Lessor's name: ☐ No

☐ Yes

Description of leased property:

Lessor's name: ☐ No

☐ Yes

Description of leased property:

Lessor's name: ☐ No

☐ Yes

Description of leased property:

Lessor's name: ☐ No

☐ Yes

Description of leased property:

Lessor's name: ☐ No

☐ Yes

Description of leased property:

Lessor's name: ☐ No

☐ Yes

Description of leased property:

**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

/s/ Victor Almeyda  
 Signature of Debtor 1

X

/s/ Berky Jose Estevez  
 Signature of Debtor 2

Date 10/27/2020  
 MM/ DD/ YYYY

Date 10/27/2020  
 MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Almeyda</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Berky</u>	<u>Jose Estevez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Georgia</u>	
Case number (if known)	<u></u>	

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																								
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$3,948.04</u>	<u>\$0.00</u>																								
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>																								
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>																								
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	<u>- \$0.00</u>	<u>- \$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	<u>- \$0.00</u>	<u>- \$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>
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6. Net income from rental and other real property	<u>\$0.00</u>	<u>\$0.00</u>																								
7. Interest, dividends, and royalties	<u>\$0.00</u>	<u>\$0.00</u>																								

Victor  
Berky

Almevda  
Jose Estevez

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \_\_\_\_\_ ↓

For you..... \$0.00

For your spouse..... \$0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below

Contribution from relatives living with us \_\_\_\_\_

\$500.00

\$0.00

Total amounts from separate pages, if any. \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$4,448.04

+ \$0.00

= \$4,448.04

Total current  
monthly income

**Part 2:** Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \$4,448.04

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$53,376.48

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Georgia

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.....

13. \$87,317.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. **How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1  
Debtor 2

Victor  
Berky  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Victor Almeyda  
Signature of Debtor 1

Date 10/27/2020  
MM/ DD/ YYYY

X /s/ Berky Jose Estevez  
Signature of Debtor 2

Date 10/27/2020  
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.